



APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE
DEPARTMENT OF ARCHIVES AND HISTORY
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date 11-24-80	1. Agency Address Georgia Building Authority Accounting Department 1 MLK Jr., Drive Atlanta, Georgia 30334	Application Number 80-400	
Application Number 2 A		Date Received NOV 25 1980	Date Completed DEC 5 1980
2. Person to Contact Robert Vance		Working Title Accounting Supervisor	Telephone Number 656-6942
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void			
4. Dates of Series Earliest 1977		5. Records Series Title (followed by title used in office, if different) Statement of Trust Accounts (Bank Trustee Reports)	
Latest To Date			
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? To administer, operate and maintain all state owned buildings in the capitol area, including the supervision of cleaning services, regulation of entry into buildings, the provision of physical security for the buildings, the administration of state owned parking areas and state provided eating facilities.			
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: Bank reporting on each Trust Account Included are: Monthly statement from bank for each Trust Account showing deposits, withdrawals, interest earned, cost and face value of U.S. Treasury Bills File is arranged: Numerically by Trust Account #			
8. Monthly Reference Rate How often are records referred to which are: One to six months old <u>daily</u> ; Seven to twelve months old <u>3</u> ; Thirteen to twenty-four months old <u>1</u> ; twenty-five months and older <u>0</u> ?			
9. Annual Rate of Accumulation of Records Letter-size drawers _____; Legal-size drawers _____; Shelves _____; Other (specify) <u>1 linear foot</u>			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Is this the official copy of the series? If not, where is it?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	c. Is this a vital record?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	d. Does this series have historical or long term research value?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	f. Is the information contained in this series ever published? If yes, attach copy.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	i. Is this series (or a major portion of it) regularly microfilmed?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

a. State Law	-0- years.	(Independent)	1 years.
b. Statute of limitation	-0- years.	d. Audit period	3 years.
c. Federal law	-0- years.	e. Administrative need	0 years.
		f. Federal retention instructions	0 years.

Attach copy or excerpt of laws or regulations. Explain administrative need.

To satisfy possible audit question

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☒ Fiscal Year; ☐ Other _____ then,

- ☒ Hold in the current files area _____ month(s) 1 year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☒ Transfer to State Records Center; hold 2 year(s); then
- ☒ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>[Signature]</i>	11/15/80	<i>Robert Byron Vance</i>	11/18/80

State Records Committee (Signature)	Date
State Auditor/Designee <i>[Signature]</i>	12-1-80
Secretary of State/Designee <i>[Signature]</i>	12-1-80
Attorney General/Designee <i>[Signature]</i>	12-3-80

80-400
Recommendations in paragraph 12 are approved.
(If disapproved, attach letter of explanation.)